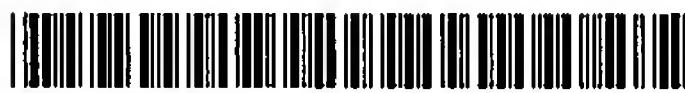




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APPLICANTS

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** CONTINUING DATA ****

N/A TP

** FOREIGN APPLICATIONS ****

N/A TP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC ✓	SHEETS DRAWING 4 ✓	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<u>TRI H. PHAN</u> <u>TP</u> Examiner's Signature Initials				

ADDRESS

54494 ✓

TITLE

METHOD FOR PROVIDING MOBILE PHONE USER WITH ACCURATE CAPABILITY INDICATOR ✓

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time.) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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